

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N00081**

1. Corporation Name

**South Florida Locksmith Assoc., Inc**

2. Principal Office Address - No P.O. Box #

**7501 SW 156 St**

Suite, Apt. #, etc.

3. Mailing Office Address

**7501 SW 156 St**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami, FL**

Zip

**33157**

Country

**Miami-Dade**

Zip

**33157**

Country

**Miami-Dade**

7. Name and Address of Current Registered Agent

Name

**Carole Heck**

Street Address (P.O. Box Number is Not Acceptable)

**7501 SW 156 St.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33157**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Carole Heck**

Date

**4/14/10**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Irene Wickward	18792 SW 108 Ave.	Miami, FL 33177
VP	Kathleen Curry	14656 63rd Court North	Loxahatchee, FL 33470
TR	William Wickward	18792 SW 108 Ave	Miami, FL 33177
SEC	Richard Vesey	4111 NE 13 Ave	Pompano Bch, FL 33064
SGT ARMY	Carole Heck	7501 SW 156 St.	Miami, FL 33157

10. E-mail Address: **banksplus@bellsouth.net**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**Carole Heck**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/14/10**

Daytime Phone #

**305 238-5346**

**FILED**

10 APR 26 PM 4:28

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**03-10**

900177724779  
04/26/10--01067--006 \*\*673.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/23/1983**

5. FEI Number

**592478009**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**M. MILLER  
EXAMINER**

**MAY - 3 2010**